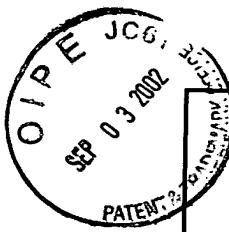


1652



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 254.00)

### Complete if Known

Application Number	09/930,440-Conf. #1490
Filing Date	August 16, 2001
First Named Inventor	Betenbaugh et al.
Examiner Name	M. Rao
Group Art Unit	1652
Attorney Docket No.	PF509P2

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

### The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 110.00)**

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
<b>SUBTOTAL (1) (\$ 0.00)</b>			

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

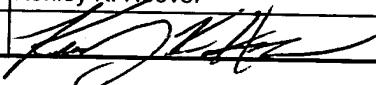
Extra Claims	Fee from below	Fee Paid
55	-47** = 8 x 18.00	= 144.00
5	-5** = 0 x 0.00	= 0.00
Multiple Dependent		

#### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$ 144.00)</b>				

\*\* or number previously paid, if greater; For Reissues, see above

#### SUBMITTED BY

Name (Print/Type)	Kenley K. Hoover	Registration No. (Attorney/Agent)	40,302	Telephone	(301) 610-5771
Signature				Date	September 3, 2002

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